

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)**

SERIAL NO.

APPLICANT

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> ALLOWMENT		AFTER 2 <sup>nd</sup> ALLOWMENT	
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TOTAL	INO.	DEF.	INO.	DEF.	INO.	DEF.